

1996 Kansas Diabetes Survey

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The interview will only take a short time, and all the information obtained in this study is confidential.

Health Care Access and Utilization

1. In general, would you say that your health is:

Please Read

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

Do not read these responses	Don't know/not sure	7
	Refused	9

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Yes	1
No Go to Q. 5 (p. 3)	2
Don't know/not sure Go to Q. 5 (p. 3)	7
Refused Go to Q. 5 (p. 3)	9

3. Do you have Medicare?

Medicare is a coverage plan for people 65 or over and for certain disabled people	Yes Go to Q. 5 (p. 3)	1
	No	2
	Don't know/not sure	7
	Refused	9

4. What type of health coverage do you have? Is it coverage through:

Please Read

Blue Cross/Blue Shield of Kansas	0 1
A health maintenance organization or HMO (i.e., HMO Kansas)	0 2
Health insurance through your employer	0 3
Health insurance through someone else's employer	0 4
A plan that you or someone else buys on your own	0 5
Medicare	0 6
Medicaid	0 7
The military, CHAMPUS, or the VA	0 8
Indian Health Services	0 9
Some other source	1 0
Do not read these responses Don't know/not sure	7 7
Refused	9 9

5. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

Yes	1
No	2
Don't know/not sure	7
Refused	9

6. How old were you when you were told you had diabetes?

Code age in years (76 = 76 or older)	_ _
Don't know/not sure	7 7
Refused	9 9

7. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?

Number of times (76 = 76 or more) _ _

None 8 8

Don't know/not sure 7 7

Refused 9 9

8. About how many times in the last year has a health professional (podiatrist) checked your feet for any sores or irritations?

Number of times (76 = 76 or more) _ _

None 8 8

Don't know/not sure 7 7

Refused 9 9

9. When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes temporarily sensitive to bright light.

Read only if necessary

Within the past month (0 to < 30 days ago) 1

Within the past year (0 to < 12 months ago) 2

Within the past 2 years (1 to < 2 years ago) 3

2 or more years ago 4

Never 5

Do not Don't know/not sure 7

read these
responses Refused 9

10. Are you able to see the same doctor or health professional every time or nearly every time you go for a diabetes check-up?

Yes	1
No	2
Don't know/not sure	7
Refused	9

11. Who decides when you need your next diabetes check-up?

Read only if necessary

My doctor/health care provider schedules my appointment	1
I make an appointment when I think I need one	2
I don't make an appointment/I walk in	3
Other (specify)	4
Do not read these responses Don't know/not sure	7
Refused	9

12. Have you talked to a dietician (diet specialist), or nutritionist about your diabetes during the past 5 years?

Yes	1
No	2
Don't know/not sure	7
Refused	9

13. On average, how often do you go to your doctor for a routine (non-diabetes specific) check-up? Would you say:

Please Read

5 or more times/year 1

3-4 times/year 2

1-2 times/year 3

Less than once/year 4

Never 5

Other, (specify) 6

Do not Don't know/not sure 7

read these

responses Refused 9

14. About how long has it been since you last saw a dentist or dental hygienist for dental care?

Read only if necessary

6 months ago or less 1

Over 6 months to 12 months 2

Over 12 months to 2 years 3

Over 2 years to 5 years 4

More than 5 years 5

Never 6

Don't know/not sure 7

Refused 9

Diabetes: Medications

These next few questions ask about any medication you may have to take because of your diabetes.

15. Do you take insulin injections, diabetes pills, or both?

Insulin injections Go to Q. 17	1
Diabetes pills	2
Both insulin and pills	3
Neither Go to Q. 23 (p.10)	4
Don't know/not sure Go to Q. 23 (p.10)	7
Refused Go to Q. 23 (p.10)	9

16. How many times a day do you take these diabetes pills?

Times per day (6 = six or more times a day) _	
Don't know/not sure	7
Refused	9

If Q. 15 is both insulin and diabetes pills then Go to Q. 17, if Q. 15 is only diabetes pills then Go to Q. 23 (p. 10)

17. Did you have to start taking insulin at the time you were first diagnosed with diabetes?

Yes	1
No	2
Don't know/not sure	7
Refused	9

18. Currently, about how often do you use insulin?

Times per day	1_ _
Times per week	2_ _
Use insulin pump	3 3 3
Don't know/not sure	7 7 7
Refused	9 9 9

19. How often do you alter your insulin dose based on your sugar level? Would you say:

Please Read

Always	1
Nearly always	2
Sometimes	3
Seldom	4
Never	5

**Do not
read these
responses**

Don't know/not sure	7
Refused	9

20. Who usually gives you your insulin injections?

Read Only if Necessary

Yourself	1
Parent	2
Son or daughter	3
Other, (specify)	4
Not applicable (pump, etc.)	5

**Do not
read these
responses**

Don't know/not sure	7
Refused	9

21. When do you take these injections? Do you take them in the:

	Yes	No	DK	Ref
Please Read				
a. Morning	1	2	7	9
b. Afternoon	1	2	7	9
c. Evening	1	2	7	9
d. Night time or bedtime	1	2	7	9

22. During the past month, how many mild insulin reactions have you had? These are low blood sugar reactions where you felt bad and/or your activity was interrupted.

Number of times	--
Don't know/not sure	7 7
Refused	9 9

Diabetes: Blood Glucose Levels

23. Do you ever check the sugar level in your blood or urine?

Yes 1

No Go to Q. 26 (p. 13) 2

Don't know/not sure Go to Q. 26 (p. 13) 7

Refused Go to Q. 26 (p. 13) 9

24. Which of the following do you use to check your sugar level?
Do you use:

Please read	Yes	No	DK	Ref
a. Home blood glucose monitor or glucose meter	1	2	7	9
b. Finger stick strips (visual reading)	1	2	7	9
c. Urine strips (visual reading)	1	2	7	9
d. Urine tablets	1	2	7	9
e. Other, (specify)	1	2	7	9

25. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

Times per day 1 _ _

Times per week 2 _ _

Times per month 3 _ _

Times per year 4 _ _

Never 8 8 8

Don't know/not sure 7 7 7

Refused 9 9 9

26. When your blood sugar has been checked, how high has it usually been? Would you say:

Please Read

Less than 150	1
150 to 200	2
More than 200	3
It is never checked	4

**Do not
read these
responses**

Don't know/not sure	7
Refused	9

27. Have you ever heard of glycosylated hemoglobin (gli-KOS-ilated he-mo-glo-bin) or hemoglobin "A one C"?

Yes	1
No Go to Q. 29 (p. 11)	2
Don't know/not sure Go to Q. 29 (p. 11)	7
Refused Go to Q. 29 (p. 11)	9

28. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?

Number of times (76 = 76 or more)	--
None	8 8
Don't know/not sure	7 7
Refused	9 9

29. Please answer yes or no to the following questions. Has your diabetes caused you any of the following health problems?

Please Read Each:	Yes	No	DK	Ref
a. Loss of vision	1	2	7	9
b. Loss of kidney function	1	2	7	9
c. Frequent insulin reactions (low blood sugar)	1	2	7	9
d. Skin sores or ulcers	1	2	7	9
e. Amputation	1	2	7	9
f. Heart disease	1	2	7	9
g. Frequent infections	1	2	7	9
h. Numbness, tingling, or pain in feet or legs	1	2	7	9
i. Lose protein in urine	1	2	7	9

30. Do any family members, such as your mother, a brother, or aunt have or had diabetes?

Yes	1
No Go to Q. 32 (p. 13)	2
Don't know/not sure Go to Q. 32 (p. 13)	7
Refused Go to Q. 32 (p. 13)	9

31. Which relative or relatives had diabetes? (circle all that apply)

a) b) c) d)

Use the following codes to represent family relationships:

Immediate:	Maternal:	Paternal:	Non-specific:
Mother 1	Aunt 5	Aunt 12	Aunt 19
Father 2	Uncle 6	Uncle 13	Uncle 20
Brother 3	Cousin 7	Cousin 14	Cousin 21
Sister 4	Grandfather 8	Grandfather 15	Grandfather 22
Son 26	Grandmother 9	Grandmother 16	Grandmother 23
Daughter 27	Great Gmother 10	Great Gmother 17	GG Gmother 24
Missing 99	Great Gfather 11	Great Gfather 18	GG Gfather 25

32. How many days of school or work do you miss each year, because of diabetes-related problems?

Number of times per year _ _ _

Don't know/not sure 7 7 7

Refused 9 9 9

33. On average, how many times have you been hospitalized or treated in an emergency room since you got diabetes? Would you say:

Please read

None **Go to Q. 36 (p. 15)** 1

Less than once a year 2

Once a year 3

Twice a year 4

Two or more times per year 5

Do not Don't know/not sure 7

read these
responses Refused 9

34a. What was the reason for your most recent hospitalization or emergency room visit?

(Reason): _____

Don't Know/Not Sure 7 7

Refused 9 9

34b. In what month and year were you hospitalized or treated in the emergency room most recently?

Code month and year _ _ / _ _

Don't Know/Not Sure 7 7 7 7

Refused 9 9 9 9

34c. How many days were you hospitalized or did you only visit the emergency room?

Code number of days hospitalized _ _ _

Emergency room visit only 8 8 8

Don't Know/Not Sure 7 7 7

Refused 9 9 9

35a. What was the reason for your next most recent hospitalization or emergency room visit?

(Reason): _____

Don't Know/Not Sure 7 7

Only hospitalized or treated in ER once since they got diabetes **Go to Q. 36 (p. 15)** 8 8

Refused 9 9

35b. In what month and year were you hospitalized or visited the emergency room that time?

Code month and year _ _ / _ _

Don't Know/Not Sure 7 7 7 7

Refused 9 9 9 9

- | | | |
|-----|---|-------|
| | Code number of days hospitalized | — — — |
| | Emergency room visit only | 8 8 8 |
| | Don't Know/Not Sure | 7 7 7 |
| | Refused | 9 9 9 |
| 36. | How often in the last year have you gone to your doctor, a hospital or an emergency room and been told that you were in diabetic ketoacidosis (DKA), or very high blood sugar? | |
| | Number of times | — — — |
| | Don't know/not sure | 7 7 7 |
| | Refused | 9 9 9 |
| 37. | How often during the last year have you gone to your doctor, a hospital, or an emergency room and been told you were severely hypoglycemic, also known as insulin shock, or very low blood sugar? | |
| | Number of times | — — — |
| | Don't know/not sure | 7 7 7 |
| | Refused | 9 9 9 |
| 38. | Have you ever been taught how to take care of your diabetes? | |
| | Yes | 1 |
| | No Go to Q. 41 (p. 17) | 2 |
| | Don't know/not sure Go to Q. 41 (p. 17) | 7 |
| | Refused Go to Q. 41 (p. 17) | 9 |

39. Who taught you the most about taking care of your diabetes? Was it a:

Please Read

	Doctor	1
	Nurse	2
	Dietician	3
	Social worker	4
	Psychologist	5
	Other person, (specify)	6
Do not read these responses	Don't know/not sure	7
	Refused	9

40. When were you first taught how to take care of your diabetes? Was it:

Please Read

	When you first learned that you had diabetes	1
	Within the first month after getting diabetes	2
	Within the first 6 months after getting diabetes	3
	Within the first year after getting diabetes	4
	More than a year after getting diabetes	5
	You have never been taught to take care of your diabetes	6
Do not read these responses	Don't know/not sure	7
	Refused	9

41. Do you have an identification bracelet, necklace, or card which identifies you as having diabetes?

	No	1
If "Yes" probe for whether ID is on person or not on person.	Yes, on person	2
	Yes, not on person	3
	Don't know/not sure	7
	Refused	9

42. What is the total cost of your diabetes supplies per month (include insulin syringes, test strips, lancers, pills, etc.)?

Dollar amount (776 = \$776 or more) \$ _ _ _

Don't know/not sure 7 7 7

Refused 9 9 9

43. Is paying for your diabetes supplies a problem?

Yes	1
No	2
Don't know/not sure	7
Refused	9

44. What is the most difficult part of your diabetes regimen to follow?

Read only if necessary

Diet	1
Exercise	2
Doing injections	3
Testing glucose levels	4
Taking medication on time	5
Other (specify)	6

**Do not
read these
responses**

Don't know/not sure	7
Refused	9

45. Have you ever been advised by a doctor or other health professional to lose weight?

Yes	1
No	2
Don't know/not sure	7
Refused	9

46. Do you now consider yourself to be overweight, underweight, or about right?

Overweight	1
Underweight	2
About right	3
Don't know/not sure	7
Refused	9

47. In general who is primarily responsible for the control of your blood sugar?

My physician	1
Myself	2
Both my physician and myself	3
Other health care worker (i.e., physician's assistant)	4
Family member	5
Nurse	6
Other	8
Don't know/not sure	7
Refused	9

48. Which of the following was part of your exam when you last visited the doctor for an exam. Did the doctor check your:

Please Read	Yes	No	DK	Ref
a) Weight	1	2	7	9
b) Blood pressure	1	2	7	9
c) Foot exam	1	2	7	9
d) Hemoglobin A1c	1	2	7	9
e) Fasting blood sugar	1	2	7	9
f) Random blood sugar	1	2	7	9
g) Cholesterol	1	2	7	9
h) Urinalysis	1	2	7	9
i) Serum creatinine	1	2	7	9
j) Fundoscopic exam	1	2	7	9
k) Eye exam	1	2	7	9

Demographics

These next few questions just ask for a little more information about yourself.

49. What is your age?

Code age in years _ _

Don't know/not sure 07

Refused	0 9
---------	-----

50. What county do you live in?

FIPS county code _ _ _

Don't know/not sure 777

Refused 999

51. What is your ethnic background? Is it:

Please Read

White 1

Black (African-American) 2

Asian 3

Hispanic (Latino) 4

Native American 5

Do not Other (specify): (i.e mixed ethnicity) 6

read these responses	Don't Know/Not Sure	7
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Refused	9
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52. Are you:

Please read

Married	1
Divorced	2
Widowed	3
Separated	4
Never been married	5
A member of an unmarried couple	6

Do not read

this response Refused	9
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53. How many children live in your household who are:

Please read

code 1-9	a. less than 5 years old (0-4 years old)	—
7 = 7 or more		
8 = None	b. 5 through 12 years old	—
9 = Refused		
	c. 13 through 17 years old	—

54. What is the highest grade or year of school you completed?

Read only if necessary

Never attended school or kindergarten only	1
Grades 1 through 8 (elementary)	2
Grades 9 through 11 (some high school)	3
Grade 12 or GED (high school graduate)	4
College 1 year to 3 years (some college or technical school)	5
College 4 years (college graduate)	6
Finished graduate/professional school (PhD/MS/MA/MD/LLB/JD/MBA/MFA)	7

Do not read

this response Refused	9
------------------------------	---

55. Are you currently:

Please read

Employed for wages	1
Self-employed	2
Out of work for more than 1 year	3
Out of work for less than 1 year	4
Homemaker	5
Student	6
Retired	7
Unable to work	8

Do not read

this response Refused	9
------------------------------	---

56. About how much do you weigh without shoes?

Round	Weight (pounds)	— — —
all		
fractions	Don't know/not sure	7 7 7
up	Refused	9 9 9

57. About how tall are you without shoes?

Round	Height (ft/inches)	ft_/in _ _
all		
fractions	Don't know/not sure	7 7 7
down	Refused	9 9 9

57a. How many people live in your household?

Number of People	— —
Refused	9 9

58. Is your annual household income from all sources:

Read as Appropriate

If respondent refuses at any income level, code refused	a.	Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
	b.	Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000)	0 3
	c.	Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000)	0 2
	d.	Less than \$10,000 If "no," code c	0 1
	e.	Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)	0 5
	f.	Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
	g.	Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
	h.	\$75,000 or more	0 8
Do not read these responses		Don't know/Not sure	7 7
		Refused	9 9

59. Indicate sex of respondent.

ASK ONLY IF NECESSARY

Male 1

Female2

Diet

Now I am going to read a list of foods that you may have eaten during the past month. For each of the following foods, please answer how often you usually eat these foods, for example: never, once a month, twice a month, once a week, three times a week, or daily.

60. How often do you eat:

Please Read Each

Code as for each:

Once a Month	2-3 times a month	1-2 times a week	3-6 times a week	Once a day or more	Never	Don't Know	Refused
0	1	2	3	4	5	7	9

- a. Hamburger
- b. Hot Dogs
- c. Fried Chicken
- d. Bacon or Ham
- e. Roast Beef
- f. Potato Chips or French Fries
- g. Doughnuts
- h. Croissants or Sweet Rolls
- i. Pie or Cake
- j. Pizza
- k. Regular or Chocolate Milk
- l. Low Fat Milk
- m. Ice Cream
- n. Chocolate Candy Bars
- o. "Real" Butter
- p. Margarine
- q. Salad Dressing (Regular 2-3 tsp)
- r. Gravy
- s. Snack Cakes
- t. Fried Foods

61. What do you use most often when you fry foods? Do you use:

Please Read

	Lard	0 1
	Oil (corn, vegetable)	0 2
	Butter	0 3
	Margarine	0 4
	Shortening	0 5
	Olive oil	0 6
	Pam or other brand spray	0 7
Do	Other, (specify)	0 8
not	Don't fry foods	0 9
read	Don't know/not sure	7 7
these	Refused	9 9
responses		

62. Were you ever given dietary information to help control your diabetes?

Yes	1
No	2
Don't know/not sure	7
Refused	9

63. How often do you follow a diabetes diet? Would you say:

Please Read

Always	1
Nearly always	2
Sometimes	3
Seldom	4
Never	5

Do not read these responses	Don't know/not sure	7
	Refused	9

64. Have you had problems following your diabetes diet while:

Please Read

	Yes	No	Don't Know	Refused
a. Eating at restaurants	1	2	7	9
b. At parties and social events	1	2	7	9
c. When busy with other activities	1	2	7	9
d. When going on trips	1	2	7	9
e. When feeling upset or angry	1	2	7	9
f. When feeling bored	1	2	7	9
g. Because foods you should eat do not taste good	1	2	7	9
h. Because you crave foods not on your diet	1	2	7	9
i. Because you have to prepare food separately for yourself	1	2	7	9
j. Because of lack of support from your family and friends	1	2	7	9
k. Because you are unsure about what food you should eat	1	2	7	9

65. What type of hamburger meat do you eat most often?

Read only if necessary

	Regular (70% lean)	1
	Lean (80% lean)	2
	Extra lean (90% lean)	3
	Ground turkey, chicken, lamb, venison or other non-beef meat	4
	Vegetable, tofu or other non-meat burger	5
	Don't eat meat	6
Do not read these responses	Don't know/not sure	7
	Refused	9

66. Which type of bread do you eat most often?

Read only if necessary

	White bread	1
	Whole wheat	2
	Rye, pumpernickel, sourdough, french, Italian	3
	Syrian, pita	4
	Other, (please specify)	5
Do not read these responses	Don't know/not sure	7
	Refused	9

67. Which type of milk do you usually buy?

Read only if necessary

	Regular whole milk	1
	2% fat	2
	1% fat	3
	Skim milk (or 1/2% milk)	4
	Soy, rice, or other non-dairy milk	5
	Other type of milk (goat milk)	6
	Don't drink milk	8
Do not read these responses	Don't know/not sure	7
	Refused	9

Hypertension Awareness

68. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

READ ONLY IF NECESSARY

Within the past 6 months (1 to < 6 months ago) 1

Within the past year (6 months < 12 months ago) 2

Within the past 2 years (1 to < 2 years ago) 3

Within the past 5 years (2 to < 5 years ago) 4

5 or more years ago 5

Never **Go to Q. 72 (p. 32)** 8

Do not Don't know/not sure 7
read these

responses Refused 9

69. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Yes 1

No **Go to Q. 72 (p. 32)** 2

Don't know/not sure **Go to Q. 72 (p. 32)** 7

Refused **Go to Q. 72 (p. 32)** 9

70. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

More than once 1

Only once 2

Don't know/not sure 7

Refused 9

71.Has a doctor ever prescribed medicine for your high blood pressure?

Yes	1
No	2
Don't know/not sure	7
Refused	9

Tobacco Use

72. Have you smoked at least 100 cigarettes in your entire life?
(5 packs = 100 cigarettes)

Yes	1
No Go to Q. 75 (p.33)	2
Don't know/not sure Go to Q. 75 (p.33)	7
Refused Go to Q. 75 (p.33)	9

73. Do you now smoke cigarettes everyday, some days, or not at all?

Everyday	1
Some days	2
Not at all Go to Q. 75 (p.33)	3
Don't know/not sure Go to Q. 75 (p.33)	7
Refused Go to Q. 75 (p.33)	9

74. On the average, about how many cigarettes a day do you now smoke?

Number of cigarettes	--
1 pack=	
20 cigarettes	
Don't know/not sure	7 7
Refused	9 9

Exercise

These last few questions are about exercise, recreation, or physical activities other than your regular job duties.

75. During the past month, did you participate in any physical activities or exercises such as soccer, running, softball, basketball, calisthenics, golf, gardening, or walking for exercise?

Yes	1
No Go to Closing Statement	2
Don't know/not sure Go to Closing Statement	7
Refused Go to Closing Statement	9

76. How many times per week or per month did you take part in any physical activity or exercise during the past month?

Times per week	1 _ _
Times per month	2 _ _
Don't know/not sure	7 7 7
Refused	9 9 9

77. When you exercise or participate in any physical activity for how many minutes or hours did you usually keep at it on an average?

Hours and minutes	_ : _ _
Don't know/not sure	7 7 7
Refused	9 9 9

Closing Statement

That was my last question. Everyone's answers will be combined to give us more information about the health practices of persons with diabetes. Thank you very much for your time and cooperation.